

SENATE
STATE OF MINNESOTA
EIGHTY-NINTH SESSION

S.F. No. 3061

(SENATE AUTHORS: WIKLUND, Franzen and Rosen)

DATE	D-PG	OFFICIAL STATUS
03/21/2016		Introduction and first reading Referred to Health, Human Services and Housing

A bill for an act

relating to public health; developing a pilot program for evidence-informed targeted home visiting programs; requiring a report; appropriating money.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MINNESOTA:

Section 1. **TARGETED HOME VISITING EVALUATION GRANT PROGRAM.**

Subdivision 1. Establishment. (a) The commissioner of health shall develop a pilot program to evaluate statewide practice and quality standards for targeted home visiting programs over a period of three years. The program shall evaluate the effectiveness of evidence-informed targeted home visiting programs in improving the quality of targeted home visiting programs and increasing access for at-risk families to quality, culturally relevant programs.

(b) For purposes of this section, an "evidence-informed targeted home visiting program" means a targeted home visiting program that uses promising practices based on research and evaluation.

Subd. 2. Grants. (a) The commissioner of health shall award grants to nonprofit organizations, community health boards, and tribal governments to expand existing evidence-informed targeted home visiting programs that provide home visiting services to at-risk families. Half of the grants awarded under this pilot program must be awarded to nonprofit organizations.

(b) The commissioner shall select up to ten program sites in both metropolitan and rural areas of the state. Each pilot site must serve up to 25 at-risk families with children from prenatal through the age of three.

(c) Each pilot site must:

2.1 (1) use the targeted home visiting practice standards developed by home visiting
2.2 stakeholders, in consultation with the commissioner of health;

2.3 (2) have access to ongoing training for home visitors that meets the baseline training
2.4 and coaching developed by the commissioner of health, in consultation with home visiting
2.5 stakeholders; and

2.6 (3) participate in a learning collaborative.

2.7 Subd. 3. **Evaluation.** (a) The commissioner shall identify measures to determine
2.8 the impact of the programs receiving a grant under this section.

2.9 (b) Each pilot site must track program implementation and progress measures using
2.10 the standards identified by the commissioner and must report the program's activities and
2.11 progress to the commissioner in a format and time specified by the commissioner.

2.12 (c) At the end of three years, the commissioner shall evaluate home visiting programs
2.13 receiving grants under this section and evaluate the program's impact on outcome
2.14 measures determined by the commissioner. By January 15, 2019, the commissioner
2.15 shall submit a report on the results of the evaluation to the chairs and ranking minority
2.16 members of the policy and finance committees with jurisdiction over health and human
2.17 services and education.

2.18 Subd. 4. **Supplemental funds.** Funding available under this section may only be
2.19 used to supplement but not replace current state and federal funding used for family home
2.20 visiting programs. Pilot sites receiving funds under this section must use the funds to
2.21 expand existing home visiting programs.

2.22 Sec. 2. **APPROPRIATION.**

2.23 \$1,750,000 in each of fiscal years 2017, 2018, and 2019 is appropriated from
2.24 the general fund to the commissioner of health to implement and evaluate the
2.25 evidence-informed targeted home visiting grant program. This appropriation shall not
2.26 become part of the base.